

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/534717

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
121						
102						
103						
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150						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151			1			
152				1		
153			1			
154				1		
155				1		
156				2		
157				2		
158				2		
159				2		
160				2		
161				2		
162				2		
163				2		
164			1			
165				1		
166				1		
167			1			
168			1			
169				1		
170				1		
171			1			
172			1			
173				1		
174				1		
175				8		
176				8		
177				8		
178				8		
179				8		
180				8		
181				8		
182				8		
183			1			
184				1		
185				2		
186				2		
187				2		
188				2		
189				2		
190				2		
191				2		
192				2		
193				2		
194				2		
195				2		
196				2		
197						
198						
199						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						